

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000051899 (0)**

1. Corporation Name

**JB3 ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

**10004 HALEY ROAD  
JACKSONVILLE FL 32257**

**7800 BELFORD PARKWAY  
SUITE 165  
JACKSONVILLE FL 32256  
US**

2. Principal Place of Business

2a. Mailing Address

**21 7800 BELFORD PARKWAY**

**26 7800 BELFORD PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 165**

**27 Suite 165**

City & State

City & State

**23 Jacksonville, FL**

**28 JAX FL**

Zip

Country

Zip

Country

**24 32256**

**25 USA**

**29 32256**

**30 USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/14/1994**

3a. Date of Last Report

**04/25/1995**

4. FEI Number

**59-3290709**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**OWEN, GEORGE E JR.  
888 EXECUTIVE CENTER DR W  
SUITE 202  
ST. PETERSBURG FL 33702**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type (print the name of registered agent and the applicable title)

(If title Registered Agent's signature is required when appointing)

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BUTTNER, JACOB E**  
STREET ADDRESS **10004 HALEY ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ DELETE  
NAME **BUTTNER, JEFFREY M**  
STREET ADDRESS **10004 HALEY ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ DELETE  
NAME **BUTTNER, JESSICA B**  
STREET ADDRESS **10004 HALEY ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL 32257**

TITLE **PST** ☐ DELETE  
NAME **BUTTNER, EDWARD W IV**  
STREET ADDRESS **10004 HALEY ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Ed W. Buttner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)